

FILED SEP 10 1947

State File No. _____

Registration District No. 276

Primary Registration District No. 5945

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rural with Dillon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Farmdale Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps 81
(c) City or town Rural St. James 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rossie Nessing

3. (b) If veteran, name war _____

3. (c) Social Security No. ✓

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 15 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 4 Days 18

If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Mo 0

10. Usual occupation Farmer

11. Industry or business Farmer wife

12. Name don't know

13. Birthplace _____ (City, town, or county) (State or foreign country) 9

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country) 0

16. (a) Informant Farmdale Nursing Home

(b) Address St. James Mo

17. (a) Rural (b) Date thereof 9-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrington Mo

18. (a) Signature of funeral director Orville Luckley

(b) Address St. James Mo

19. (a) Sept 3, 1947 (b) Rosa E. Birmingham
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 3
year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from October 3, 1945 to September 1947
that I last saw her alive on August 27, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis 2 years
Anemia 6 years

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____ 939

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. J. Hammler (M. D. or other)
Address St. James, Mo. Date signed 9-3-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oral E. Lickliker

Licensed Embalmer No. *3546*

P. O. Address *St James Md*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.